PTO/SB/21 (09-04)

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MARTINE Paperwork Reduction Act of 1995, no bers	Application Number	10/605,587	manon uniess it	displays a valid OMB Control Hulling.			
TRANSMITTAL	Filing Date 10/10/2003						
FORM	First Named Inventor	BERGLUND					
•	Art Unit	3752					
(to be used for all correspondence after initial filing)	Examiner Name	HWU, Davis	D.				
Total Number of Pages in This Submission	Attorney Docket Number	07589.0066.NPUS01					
ENCLOSURES (Check all that apply)							
Fee Transmittal Form Fee Attached	Drawing(s) Licensing-related Papers		 Appea	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences			
Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	_		☐ (Appea Proprie Status Other below)	Enclosure(s) (please Identify			
SIGNATURE	OF APPLICANT, ATTO	RNEY, OF	RAGENT				
Firm Name Novak Druce & Ouigg, LLP							
Signature 1000 Mucl							
Printed name Tracy W. Druce							
Date 12/10/2005	12/10/2005 Reg. No. 35,493						
CERTIFICATE OF TRANSMISSION/MAILING							
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:							
421			·····	, - <u>-</u>			
Typed or printed name Daniel Hernandez Date 12/10/2005							

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Sperwork Reduction Act of	1995 no persons are required to		ademark Office; U.S. DEPARTMENT OF COMMERC ormation unless it displays a valid OMB control number		
Effective on 12/08/2004. Here pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known			
		Application Number	10/605,587		
FEE TRAN	ISMITIAL	Filing Date	10/10/2003		
For FY	2005	First Named Inventor	BERGLUND		
		Examiner Name	HWU, Davis D.		
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3752		
TOTAL AMOUNT OF PAYMENT	(\$) 2000	Attorney Docket No.	07589.0066.NPUS01		
METHOD OF PAYMENT (chec	k all that apply)				
Check ✓ Credit Card Deposit Account Deposit Account			dentify):Name: Novak Druce & Quigg, LLP		
For the above-identified dep	osit account, the Director is h	ereby authorized to: (chec	ck all that apply)		
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee					
under 37 CFR 1.16 au		ر سانت است ا	verpayments ncluded on this form. Provide credit card		
information and authorization on PTO-	2038.				
FEE CALCULATION					
1. BASIC FILING, SEARCH, A	ND EXAMINATION FEES	3			

FILING FEES SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 200 300 150 500 100 250 200 130 Design 100 100 50 65 200 100 300 160 80 Plant 150 600 300 150 500 300 Reissue 250 200 100 Provisional 0 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES

Fee (\$) Fee <u>(</u>\$) Fee Description 50 25 Each claim over 20 (including Reissues) 100 200 Each independent claim over 3 (including Reissues) 180 360 Multiple dependent claims **Multiple Dependent Claims Total Claims Extra Claims** Fee Paid (\$) Fee (\$) 400 Fee (\$) Fee Paid (\$) __ - 20 or HP = _____8_ 50 28 X

HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Fee (\$) Fee Paid (\$) indep. Claims 400 200 -3 or HP =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

Name (Print/Type) Tracy W. Duce

SUBMITTED BY

Signature

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Number of each additional 50 or fraction thereof Fee Paid (\$) Extra Sheets Total Sheets (round up to a whole number) x - 100 = / 50 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): IDS (\$180); Extension Fee (\$1020)

Registration No. 35,493 Telephone 202.659.0100 (Attorney/Agent) Date 11/07/2005

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